

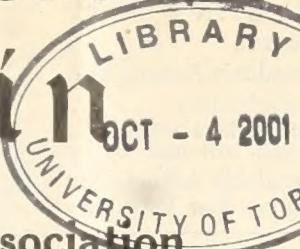
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Bulletin

OF THE

National Tuberculosis Association



Vol. VIII

JANUARY, 1922

No. 1

Occupation Research for the Tuberculous

By W. I. Hamilton

Industrial Research Secretary, National Tuberculosis Association

Shortly after the Federal Board of Vocational Education established its Industrial Rehabilitation Division in 1920, it became apparent that there was immediate need for authentic information in dealing with persons disabled by tuberculosis. As the Board had previously sought the services of the National Tuberculosis Association in dealing with disabled tuberculous soldiers, it turned to the National Association for authoritative information which would apply to disabled civilians as well.

In November, 1920, at the request of the Board, therefore, Dr. H. A. Patterson, Supervisor of the Medical Service of the National Association, conferred with representatives of the Board and presented a memorandum which dealt with the method and cost of investigating occupations for the tuberculous. It was agreed that such an investigation be made by the National Tuberculosis Association, if possible. A practicable method by which the Board could render financial assistance was found after conference and discussion in the spring of 1921, and the results of a study of the needs, methods and cost were embodied in a revised proposal and submitted to

a group composed of Dr. E. R. Baldwin, Dr. H. R. M. Landis, Dr. Louis I. Dublin, Dr. George M. Price and others interested in the problem.

The Federal Board for Vocational Education, of which Mr. Lewis H. Carris is the administrative head, consists of the following members: James J. Davis, Secretary of Labor (chairman); Henry C. Wallace, Secretary of Agriculture; Herbert C. Hoover, Secretary of Commerce; John J. Tigert, Commissioner of Education; Calvin C. McIntosh, Agriculture; Harry L. Fidler, Labor, and a member to represent manufacture and commerce. The Federal Board conducts its work through two divisions, Vocational Education and Industrial Rehabilitation. The Industrial Rehabilitation Act appropriates for the year 1921-22 \$1,017,774 for assisting the states to rehabilitate persons "disabled in industry or otherwise," provided through the Industrial Rehabilitation Division the Federal Board allots the money, approves state plans, secures and furnishes information, inspects work, audits state accounts and approves payments from the United States Treasury. The act makes financial provision for research.

The industrial research of the National Tuberculosis Association is being conducted in accordance with plans approved by the Federal Board and in full cooperation with it.

The Plan for Industrial Research

Repeatedly investigations have revealed an enormous amount of tuberculosis among industrial workers, a condition frequently not apprehended by employers, and still less by employees. The United States Public Health Service study of garment workers, investigations in Cincinnati and Cleveland, the Framingham study, and the study of restricted groups such as the granite workers and employees of the International Harvester Company, all lead to the conclusion that tuberculosis is a matter of tremendous industrial and economic importance.

Every employer faces such questions as these. How can I discover the condition in my establishment? What can I do to improve it? What ought I to do with and for my employees who develop the disease? What should I do about

(Continued on page 2)

Eighteenth Annual Meeting

The Eighteenth Annual Meeting of the National Tuberculosis Association will be held in Washington, D. C., May 4, 5 and 6, 1922. The headquarters, at which all sessions of the meeting will be held, will be at the First Congregational Church, corner of 10th and G Street N. W. The annual meeting follows immediately after the Triennial Congress of Physicians and Surgeons which meets in Washington May 2, 3 and 4.

The section chairmen for the meeting are as follows: Clinical, not yet appointed; Pathological, Dr. Charles Krumwiede, Department of Research Laboratories of the New York City Board of Health, foot of East 16th Street, New York City; Advisory Council, Dr. William F. Snow, General Director American Social Hygiene Association, 370 Seventh Avenue, New York City; Sociological, Mrs. Edythe L. M. Tate-Thompson, Executive Secretary California Tuberculosis Association, 418 Griffith-McKenzie Building, Fresno, Calif.; and Nursing, Miss Anna M. Drake, R.N., Director of Public Health Nursing, State Board of Health, 518 Century Building, Des Moines, Ia.

No hotel headquarters will be reserved at Washington. Members and others who are attending are urged to make reservations early in view of the meeting of the Tri-ennial Congress immediately preceding and slightly overlapping. The Raleigh, the New Willard and the Harrington are within five or six blocks of the First Congregational Church.

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Additions to the Staff

Miss Louise Strachan has been appointed Assistant Crusader Executive in the National Association. Miss Strachan is a graduate of Vassar College and was in the employ of the State New York Charities Aid Association from May, 1917, until September, 1919.* From then until June of this year she held the position of Executive Secretary with the Ontario County Tuberculosis Committee, Canandaigua, N. Y.

Occupation Research for the

Tuberculous

(Continued from page 1)

re-employment of those who have been treated and have become arrested? Employers cannot escape employing tuberculous people under any system of social organization we can picture. What economic loss is involved to employers in labor turnover and loss of industrial efficiency of available workers is beyond calculation.

There are many reasons for believing that public health, hygiene, health insurance, will become in the next few years of increasing social concern. To the end that sound information concerning the employment of the tuberculous may be at the disposal of all who are or can be interested in these problems, the National Tuberculosis Association and the Federal Board for Vocational Education have agreed to undertake this study of the tuberculous in industry.

The problems involved are very complicated and far reaching, and the field of investigation must therefore be limited to the essentials necessary to secure reliable and adequate information which will assist in understanding and, to a degree, in solving the questions of suitable and unsuitable occupations for the tuberculous.

The questions immediately arising in connection with the problem are such as these: How to compile the information, how set it forth, and who can use it? How can those who need it be reached? If occupations or jobs in occupations are held to be harmful, how shall that be determined? If the conditions surrounding the job, rather than anything in the job itself, are harmful, how shall that be determined?

Aims

The primary aim of the investigation is to collect information concerning occupations suitable and unsuitable for "arrested" tuberculous people which can be pronounced as reliable in the light of the best knowledge now available regarding the treatment, training and employment of the tuberculous. This information is to be presented in such form that it will serve as a guide to all persons interested in the problems of tuberculosis in industry. As a secondary aim, occupational information may be developed which will be of value in directing the activities of incipient cases or those suspected of tuberculous tendencies; but as there is general agreement that the "active" case has no place in normal industry, the work will be understood as dealing primarily with "arrested" cases.

Groups to Be Reached by Publications

Probably no one publication or type of publication will best serve the needs of all the interested groups. For example, the occupational history of a considerable number of successful tuberculous workers might be of greatest value to a patient in a sanatorium, while another publication setting forth the minimum health standards in occupations for the tuberculous might be of more value to

an employment manager. The plan is to reach the following groups: patients in sanatoria and dispensaries, physicians and nurses in sanatoria and dispensaries, secretaries and agents of tuberculosis societies and committees, public health nurses, industrial physicians and other practitioners, employers and employment managers, organizations of employees and their agents and representatives, agents of state rehabilitation service and compensation boards, agents and wards of the Veterans' Bureau.

Studies of Occupations and Their Hazards

Certain occupations have been carefully studied in their relation to tuberculosis; e. g., the stone industry, but in the main, when one considers the thousands of "jobs" in modern life, not much is available as an authoritative guide to tuberculous people seeking employment, or to those seeking to place tuberculous people in employment, that will not be prejudicial to their health. Existing authentic information on occupations positively known to be hazardous should, of course, be made readily available, but it is of equal if not greater importance to develop a method of study of occupations, sound occupational standards for the tuberculous, and to present these in such a way that those interested may apply the method and standards in individual cases and individual jobs.

The advice and directions now being given tuberculous patients are, unfortunately, not founded on sound experience, medical or industrial. It is apparent that too few medical men have a wide acquaintance with industrial processes, and equally true that relatively few employers have any conception of the medical and industrial problems of tuberculous employees. Too many tuberculous people are being advised to abandon their jobs and go to seek "out-of-door jobs"; and, on the other hand, too few employers give any thought to the placement of tuberculous people in non-hazardous jobs. The employee is fortunate who can work in a plant under the supervision of an industrial physician.

The tendency heretofore has been to class certain industries as unsuitable for tuberculous persons, and others as more or less suitable. For example, the mining, printing or grinding industries have been considered unsuitable. An analysis of some of the various processes of these industries will undoubtedly disclose the fact that tuberculous persons can be employed with profit to themselves and the industries in certain departments or processes of such industries and not in others.

The study will involve a consideration of the following groups of factors: factors due to the personality of the worker, including his physical status, factors due to the conditions of the work, factors due to the materials and processes, and factors due to the working place.

There are available the histories of some 400 cases treated by one physician. Several plants have good records of from 25 cases upwards, extending back in some cases to ten years. The Framingham demonstration under the Na- (Continued on page 12)

Educating Labor in Health

By Dr. Iago Galdston

New York Tuberculosis Association

The history of the anti-tuberculosis work carried on during the last twenty-five years, better than that of any other, illustrates the health and life-conserving power of social agitation and education. While a death rate from tuberculosis of 300 per 100,000 was not uncommon twenty-five years ago, to-day a death rate of one-third the number is taken with little comment, and that which is made is usually in expression of the aim and hope of making the death rate still lower. And when one considers that among the factors responsible for this fall in death rate, education in the prevention, early diagnosis and treatment of tuberculosis, stands foremost, one asks how much still lower would the death rate be if the anti-tuberculosis work had been broader, if it had included with the home and school also the industrial sphere.

The older studies on the etiology of tuberculosis emphasized the germ and the home environment. It was maintained that tuberculosis could be and commonly was communicated from the sufferer to adult well person, and that dark, unsanitary dwellings were largely contributing to the spread of tuberculosis. To-day emphasis is placed upon the patient, his childhood infection and his adult vitality. And from this angle, best of all, can the fallacy of the neglect of the industrial field be appreciated. For industry, the factory, shop and office, is the greatest tax upon the individual's vitality, and few persons completely escape the yoke of industry.

How May We Reach the Worker?

There are approximately 29,000,000 workers in the United States. These people are affected by home tuberculosis work but superficially, if at all. And yet they, perhaps more than any other group, need all the benefits derivable from a knowledge of how to conserve one's health and how to guard one's vitality. What are we to do about them, the toilers?

Here it needs to be said that every industrial situation demands its own individual treatment, and that little beyond a few general principles can be set down as universally practical. And on this last point statement should be made on the limitations set upon health and anti-tuberculosis work by the current character of industry.

The very nature of industry, as it is run to-day, and as it will run for many years to come, demands the expenditure of a certain amount of the vitality of the worker. The cutlery grinders of Connecticut, Sheffield and Solingen, as long as the cutlery industry is run on to-day's basis, will continue to grind out their lives at the dust-producing wheels, and will continue their contribution in largest numbers to the harvest of lives reaped by the White Plague. And the industrial health worker is certainly a tyro who thinks that he can persuade

industry to supplant the toilers, of whose species there seem to be unlimited numbers, by expensive automatic machines. But lest such health workers be totally discouraged, I hasten to add that there is still in industry a wide margin of vitality-consumption outside the seemingly irreducible minimum upon which our efforts may be centered, and which will give desired results.

The toiler, no less than the person at home, needs, above all, education. This education should impart to him, first of all, a real appreciation of the problem of tuberculosis. This appreciation should not be general, but specific. A printer is more interested in knowing that thirty-six out of every one hundred printers who die, die from tuberculosis than he is interested in a general death rate of one per 100,000 population. And, further, his education should go to point of informing the toiler what he can do specifically. Whatever the toilers seek to do should be done, wherever possible, through an organized body. The fruits of the worker's efforts are thereby multiplied and perpetuated. In teaching workers to understand tuberculosis it is not necessary to "talk down" to them nor yet to speak poor English. A physician, not a layman, speaking in simple, non-technical terms, will be most successful in winning the interest of the average labor group, especially so if he will talk to them from the angle of their own industry.

Cooperation With Organized Labor

Labor in the United States is fairly well organized, and it is best, and most fruitful to work with the organized groups. The reasons for this are numerous. In unorganized labor the units hang together loosely, and even if there is present some interest in health matters there is no responsible agency capable of organizing and expressing such interest. Organized labor, on the other hand, is more "conscious" and implicitly holds itself responsible for the physical welfare of its members. Organized labor has the means wherewith to institute industrial health reforms. Organized labor once set on the path toward health conservation usually follows this path, and largely through its own momentum. But while working with organized labor is urged in preference to working with unorganized labor, there is no need for a biased approach to industry. On the contrary, the tuberculosis workers must come neutral on matters of industrial dispute. It will be sufficient if he teach health honestly. Real education is never impartial.

In tackling any industry, or industrial group, it is best to survey the situation and to discover who are the leading labor and employer characters. These can then be approached and won over to the work on the basis of humanitarian appeal and in terms of dollars and cents returns. To the employer, the fact

of inefficiency due to preventable illness impairing the output of industry proves a point of deep interest. And when he is led to realize that it is much cheaper in the long run to assist in the safeguarding of the worker's health than it is to pay one hundred per cent. salary for a forty per cent. output, it is relatively easy to make him see the value of industrial anti-tuberculosis work and to secure his cooperation. To the union member, the appeal may also be made in terms of dollars and cents, though from a different angle. The union as an organization, and the depletion of its treasury by sick and death benefits, forms the point of interest for the union member. Further, too, the appeal, in plain terms of health and working capacity, has a greater meaning and bigger significance to the worker and those dependent upon him than it can in all logic have to the employer.

In beginning with the education of the employer and employee it is essential to bear in mind that mere instruction is but half attainment and that not until some action based upon what has been taught has been undertaken and carried through by the workers and the employers, there is no valid reason for believing that the instruction has been effective. It follows, therefore, that the plan of instruction must contain or be followed by some concrete work of health conservation character.

An Experiment in the Printing Trade

In closing this paper, perhaps it were well to recite briefly the experience of the writer with one industrial group:

The New York Typographical Union, in cooperation with the employers' association, has established a school for printers' apprentices in the city of New York. This school, at one time, was an integral part of the Hudson Guild and under the able supervision of Dr. John Lovejoy Elliot, but now, having grown to an appreciable size, it occupies a separate loft and is run as an institution, apart from the Hudson Guild.

The school numbers five hundred students, who attend school once a week, a full afternoon and evening. Since the printers constitute one of the trades of the high tuberculosis incidence, approach was made to this organization, and the dean, after expressing his approval, placed the entire matter before the Students' Council, which consists of the presidents of the various classes in the school.

The immediate task, therefore, became to convince the young men of the value and importance of the work. At one of the executive sessions of this body the scheme of the proposed work was presented and it took but little argument to convince the men of its value. Three lectures were prepared, one of which was illustrated by lantern slides. These lectures were repeated ten times to ten different classes. That they were a success and that the men were interested in them is best illustrated by the following experience:

The men, being used to union rules, were accustomed to stop punctually

(Continued on page 12)

Municipal and Industrial Health

By Dr. Louis I. Harris

Director Bureau of Preventable Diseases, Department of Health,
New York City

The subject of tuberculosis from an industrial standpoint is approached, more or less directly, from three different standpoints by the Bureau of Preventable Diseases of the Department of Health of New York.

The first phase, and by all means the oldest and largest phase of our health program in New York, has been the work which this Bureau conducts in nineteen tuberculosis clinics situated in various parts of the five boroughs of the city. The medical examinations in these clinics, while they involve such general clinical work as is familiar to tuberculosis workers, are, however, used, among other things, by the Bureau of Preventable Diseases as a means of ascertaining whether or not any given occupation or industrial environment influences the development of tuberculosis. We correlate the information we get in the clinics, in our study of tuberculous cases, so as to determine whether or not the Health Department may with reason look upon any given occupation as dangerous, and if so, whether it may exercise its powers to regulate the working conditions of any given industry or a particular industrial establishment. This branch of our service has been conducted for several years, and it led ultimately to the establishment of the Division of Industrial Hygiene for the New York City Department of Health, which was the first division of its kind established by a municipal health service in this country.

The second phase of the Bureau's work began when our Sanitary Code was amended in 1915 so as to provide for the examination of food handlers. Since that time we have examined annually from forty to sixty thousand of the approximately three-quarter million food handlers in this city. Our official staff has performed this work with the aid of private physicians, whose examinations have followed methods prescribed by the Bureau. This activity, while not intended solely for the discovery of tuberculosis, has, however, furnished us invaluable evidence regarding the need for periodical medical examinations as a means of detecting tuberculosis and other preventable diseases.

While tuberculosis is not the only hazard in industry, it is, however, the yardstick or index by which we measure the hazardous character of many occupations. The third phase of our work is the effort of the Bureau to study special trade groups with a view to determining the incidence of tuberculosis in order that we may advise the members of labor organizations how they may guard themselves against the conditions which cause tuberculosis. The latest expression of this type of work is to be found in the examination of the teachers in the city of New York, who are members of the Teachers' Union. First a pamphlet

on health standards in schools and a questionnaire were prepared for this union, so that its members might learn how to become the inspectors, so to speak, of their own professional environment. The same thing has been done for the printers, the painters and the furriers. The Bureau's part in this work is to prepare health standards for a given industry. The union prints these standards and also a questionnaire relating to the industrial environmental conditions, based upon the health standards specified for that trade. The questionnaire is filled out for each shop, school or workplace by a member of the union designated for the purpose. This is a system of self-inspection. Finally, a medical examination is made by the Bureau of the members of the union who volunteer for such medical examination. The response of members has been most satisfactory.

Out of such studies as these we not only learn the incidence of tuberculosis and any other active or preventable diseases, but we also convert the passive potentialities of labor organizations into active and aggressive demonstrations for improved health conditions in their own trades, as in industry at large.

Standard of Health for Teachers

In cooperation with the New York City Department of Health, the Teachers' Union of the City of New York has published a pamphlet regarding the minimum health and sanitation standards in schools.

Among these are ventilation, lighting, drinking-water and drinking-fountains, sanitation of the toilets, washing facilities, rest and lunch-room, and general cleanliness. The subject of fatigue and its relation to the workers' health, as well as occupational diseases most common among teachers, are also discussed.

Trade Unions Plan Sanatorium

The Trades Union Anti-Tuberculosis Association, Newark, N. J., has for a number of years undertaken the free care and treatment of industrial workers who are members of the Industrial Association. Medical service is given patients, and milk, eggs and drugs are also distributed. Children and adult contact cases receive education regarding hygiene and disease prevention.

A plan is now under way to raise \$25,000 for a country home where adult tuberculosis patients as well as children will receive treatment.

In connection with its program of disease prevention, the association is also planning to conduct an anti-fly campaign during the coming spring.

The Hub

Tuberculosis Campaign as Conducted from National Headquarters

Consultant Service

Mr. T. B. Kidner, institutional secretary of the National Association, recently returned from a three weeks' trip which first took him to Washington, D. C., and from there to Virginia, where he conferred with the local authorities regarding the erection of a new city hospital to contain provisions for tuberculosis patients. He also met with the trustees of a new hospital to be established in Bristol, Tenn., for colored patients.

In St. Louis, Mr. Kidner was in consultation regarding a new tuberculosis hospital and provision for the tuberculous in connection with a municipal institution for the insane.

He also spoke before the Missouri Occupational Therapy Society and the students of the Training School for Aides and to the Aides of the U. S. P. H. S. Hospital.

Dr. Hatfield Appointed University Trustee

Dr. Charles J. Hatfield, Managing Director of the National Tuberculosis Association, has been appointed a trustee of the University of Pennsylvania. In view of Dr. Hatfield's official connection with the Henry Phipps Institute and the intimate relationships of the institute with the university, this new appointment is of more than ordinary significance.

Migratory Consumptive Survey

After attending the American Statistical Association meeting to be held December 27-29, Miss Jessamine Whitney will go to Cleveland to make a survey on the indigent migratory consumptive, similar to the one made last year in the southwest.

A series of charts and standards for the "home treatment" of tuberculosis is now being prepared by the Medical Service of the National Association. Copies will be sent to state and affiliated organizations throughout the country.

"Humpty Dumpty" Returns to Headquarters

Mr. Ray Law, known to the world as the health clown "Humpty Dumpty," has returned to New York from a successful trip in Pennsylvania. He is now at work on further improving his act. He will again be available for bookings after January 1st. A letter recently received from Kansas indicates that Mr. Law's work in that state was most successful. The letter reads as follows:

"On the whole, we think that Mr. Law
(Continued on page 11)

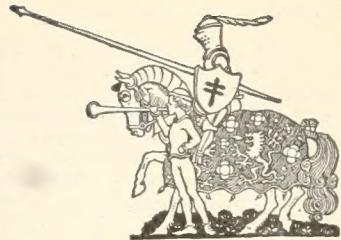


Modern Health Crusade

DEPARTMENT

Bulletin of the

National Tuberculosis Association



JANUARY

1922

Crusade Nutrition Course for Second Half of School Year

Chore and Weight Score Cards Combined

By Charles M. DeForest

Medical Supervision

A physical examination is required of every child before he begins the nutrition chores, and complete medical super-

vision is advocated throughout the course. The examination is to be made by the school physician, the physician for a nutrition clinic, or the family physician. As malnutrition may be caused by



MARSHAL FOCH REGISTERS HIS APPROVAL OF THE MODERN HEALTH CRUSADE BY BUYING HIS CHRISTMAS SEALS FROM ADRIENNE MAYER, WASHINGTON'S MOST FAMOUS CRUSADER.

The Crusade publications on nutrition, announced in the November BULLETIN, are now in type. They are two 4-page folders, entitled *Chore Record—Nutrition Edition* and *Instructions to Teachers and Nutrition Workers*.

Since this material was first written, it has been submitted for editing to thirty persons whose training gives their opinions authoritative value, and nineteen have responded with suggestions or comment. Editing is still process, but it is planned to complete the printing in time for use during the second semester of the present school year.

A sample copy of each folder, when in its final form, will be sent free upon application to the National Association. It will be seen that the nutrition course adheres closely to the distinguishing principle of the Crusade, *practice*, and not mere precept. The performance and recording of the special chores for underweight children is required in like manner as the chores for normal children.

One chore folder serves for each ten weeks of a nutrition course. Schools may determine the length of course, provided that the three Crusade titles be not awarded for less than a total of fifteen weeks. A twenty or thirty week course is recommended for a school year. In schools in session to the middle of June a fifteen-week course may be begun as late as March first.

The most notable innovation in the nutrition chore record is the combination, into one, of the score card for chores and a chart for plotting the child's weight lines. This enables the teacher to draw the pupil's actual weight line from week to week on his own chore record. Gains and losses in weight are graphically shown. The "expected weight line" is also drawn to show the gain that the average boy or girl of the same weight as the pupil should make in ten weeks. It becomes a game to the child to see whether he can make his actual weight line reach and cross his expected weight line. As the chore folder is brought home after the weighing day each week, the child's progress in weight-building is shown to the parents at a glance. The weight charts for individual children used at nutrition clinics are usually large and expensive, desirable for wall display but not to be taken home.

such defects as adenoids, diseased tonsils and decayed teeth, the physician's recommendations should be carried out promptly. Where it is not practicable to secure the services of a physician, the usual Crusade course for the formation of good health habits should be conducted without the addition of the specialized course for the underweight children.

As a preliminary to the chores the child is asked to hand in a list of all the foods that he eats in two consecutive days; also a statement of the number of hours actually given in a usual day to sleep, play, study and work. This list and statement, as well as the findings of the examining physicians, are the basis for any special directions that may be needed. A space is provided on the chore folder in which special directions may be written. Elementary instructions on diet and hygiene for the usual underweight child are printed on the folder. Each case, however, should be considered individually, if possible, care being taken to recommend no more change from the accustomed diet and daily program than is necessary. If the examining physician has not made a special study of nutrition, another physician who has made such a study should determine any special directions to be given for diet and program.

The manner in which instructions are given in the chore folder is illustrated by the following four of the eleven chores and the corresponding notes:

1. I was weighed this week on the day checked (x).

NOTE.—Learn how to use the weight tables on this record. Consider your age to be that at your nearest birthday. Remove coats, sweaters and shoes when weighed—also when measured.

2. Besides a nourishing breakfast and the noon and evening meals, I ate mid-morning and afternoon lunches, as directed.

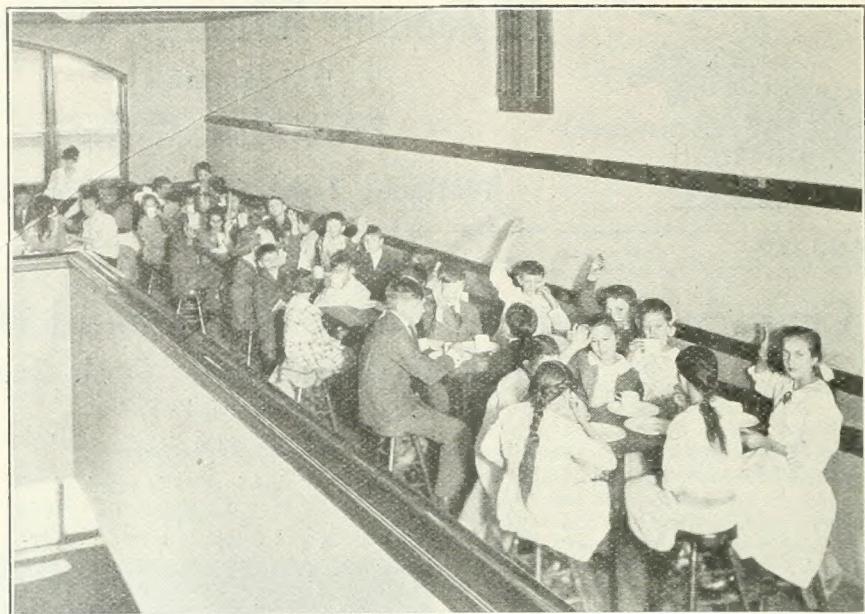
NOTE.—For the lunches eat only the kinds and amounts of food recommended by the Crusade leader. If no other directions are given, have a glass of milk with a graham cracker or bread about 10:30 a. m. and a glass of milk about 3 p. m.

3. I ate only wholesome food to-day, including at least a pint of milk, vegetables and fruit, as directed; and tried always to eat and drink slowly.

NOTE.—Drink milk, preferably unskimmed, or cocoa. Drink slowly. Avoid extremely hot or cold foods and drinks. Eat oatmeal or hot whole-grain cereals, whole-grain breads, and vegetables like onions, carrots, turnips, cabbage, lettuce, and spinach or greens, in addition to potatoes, rice or macaroni. Eat beans, eggs, cheese and meat, but do not eat more than one of these foods at the same meal, or meat more than once a day. Figs, dates or raisins are better. Chew food thoroughly.

7. I rested, lying down more than twenty minutes, both this morning and this afternoon, as directed.

NOTE.—The two rest periods should cover one hour, preferably



KANSAS CITY KNOWS HOW TO PUT OUT-OF-THE-WAY CORNERS IN HER SCHOOL BUILDINGS TO VERY GOOD USE.

thirty minutes each. Take one during the morning or, if that is impossible, just before the noon meal: the other in the afternoon at school or immediately on return home. Lie flat and stretched out long, no pillow under your head. Face away from the light. Keep quiet. Never read when lying down.

Additional information regarding weighing, rest periods and luncheons is given in the folder entitled "Instructions to Teachers":

"The prevention of fatigue is an important factor in the care of the underweight children. To accomplish this, more rest is necessary than that required by average up-to-weight children. The school should either provide for the rest periods at the school or excuse the children to go home at 10:30 or 11 for the remainder of the morning. Elaborate equipment is not necessary for this. In case cots are not available, the children may lie on the floor in a room with open windows, blankets being provided and protection against chill from draft insured.

"Underweight children need more food at more frequent intervals than children of average weight. Mid-morning and afternoon lunches daily are necessary in addition to three meals at regular hours. The best lunch is usually a glass of milk and graham or oatmeal crackers, which can be easily provided at the school, or bread and butter brought from home. Many schools throughout the country are including mid-morning and mid-afternoon milk service as an important part of their health activities. The milk is sold to the children at cost. The best way to serve it is in half-pint bottles, the paper covers being pierced and a straw put through."

Dubious Points Avoided

In writing the Crusade nutrition material, the policy has been to adhere to essentials on which the great majority of authorities agree and to avoid minor points on which a difference of opinion is general. No fixed percentage of underweight is named as delimiting malnutrition. The folder of instructions states that since it cannot be shown that every child 7 per cent., or even 10 per cent., under average weight is malnourished, 7 per cent. is chosen merely as an indication that the nutrition chores may advantageously be prescribed.

Valuable though a knowledge of calories is to the scientific nutrition worker, the Crusade folders make no mention of them. Calories and intricacies of vitamins are considered over the heads of the majority of children, parents and teachers, or beyond their patience. The advice of one writer on nutrition that calories can be easily made interesting to children was not followed, through conviction that measurement by calories can be expected only in the most extraordinary home. Crusade publications have aimed at simplicity in teaching hygiene, at "rules of thumb" that children and parents can readily apply.

Nutrition Classes

It is very helpful to bring the children doing nutrition chores into a class once a week for observation by a nutrition worker who is thoroughly trained. All the essential Crusade program may be carried out through nutrition classes and the home. A class or clinic, however, is not prerequisite for the Crusade nutrition work in school. For an understanding of the class method, the folder of instructions refers to pamphlets by various authorities.

Plays and Playlets

Ohio is making valuable contributions to health work in the field of plays and playlets. In Cincinnati, under the auspices of the Cincinnati Anti-Tuberculosis League, Mrs. Henry Backus has written and produced *The Land of Lollipop*, a health playlet which tells in interesting as well as instructive fashion what happened to *Every Child*, the slave of the tyrant *Sweet Tooth*, at the court of *Lollipop*. The playlet has two short acts. The scene of the first is at court, where a party is in progress, and *Every Child* meets *Queen Bonbon, Lady Cake, Madame Devil-Food* and the proud *Princess Fudge*, as well as *Doughnut* the king's fool; *Jack the Fly Killer*, the palace guard; *Peter the Pastry Cook* and *Cookie*, his son. The second act is in the royal kitchen garden, where *Every Child* has been thrown by the tyrant *Sweet Tooth*, and where he finds that he likes the Kitchen Brigade—*Onion, Tomato, String Bean, Corn, Potato and Greens*; and the kitchen mascot, *Carrots*, much better than he thought he did.

There are twenty-six parts in the play, and these can be equally divided between boys and girls or played by an all-girl cast. The Cincinnati Anti-Tuberculosis League provides a set of costumes to go with the play. When the play is used for class reading, a set of "magic caps" may be used, and these may also be obtained from the League.

Mrs. Backus has also produced two other plays—*The Pageant of Civilization*, which portrays the final adventure of Don Ponce de Leon in search of the Magic Fountain; and *Earth Magic*, which is in the nature of a health allegory and deals with the life-giving properties of the products of field and orchard. The Cincinnati Anti-Tuberculosis League will rent these three plays at a small fee.

From Columbus, the headquarters of the Ohio Public Health Association, comes word that the Modern Health Crusade pageant, *Health Wins*, which has been presented a number of times by that Association with great success, is available for use by other state and local organizations interested in promoting the Health Crusade. The plot of the pageant deals with a boy who, having read of the knights of old and of the Crusaders, bewails the fact that there is now no opportunity to perform knightly deeds. Whereupon the spirit of the Modern Health Crusade appears to him and tells him of the many heroic deeds he can accomplish if he will use the light of the Health Crusade to see the calls for help from every side. He accepts the offer of the spirit to show him these opportunities, and his adventures begin. The production has recently been gone over and so adjusted that it is portable and can be employed on any theater or large auditorium stage. The author and owner of the pageant, Mr. J. Clarence Sullivan, director of the Children's Playhouse in Columbus, offers the entire equipment of scenery, lighting, costumes, orchestrations of music, description of dances with steps set to the music, and a

book of dialogues, together with the electrotype plates for the advertising poster, for a moderate sum. The initial cost of the production is reported to have been \$5,000. Mr. Sullivan will give a week's time in general supervision of the final rehearsals and staging of the pageant and assisting the local director, making a charge only for his railroad fare and living expenses during the week. The plan generally followed in the presentation of *Health Wins*, which has proved entirely successful, is to have no admission fee for the children, but to make a charge for the adults. The cost of the production to any community is low enough so that the expenses can be adequately met by the adult admission fee. All inquiries regarding the presentation of *Health Wins* should be addressed to the Ohio Public Health Association at Columbus, or to Mr. Sullivan.

In Illinois, the successful staging of *Seven Keys*, the Health Crusade playlet produced under the auspices of the Chicago Tuberculosis Institute, has led to the printing of a circular, *Guide to Staging Seven Keys*, as an aid in the presentation of the play, and also to the preparation of a blue print to help in making the keys. Both of these aids can be obtained from the Institute, together with the play, whose author, Miss Frances Cook, is the Director of the Health Crusade for the Institute. The play is built around the idea of a search for seven keys to the gate of the *City of Waybehind*, which have been hidden by *Ignorance*, who refused to open the *City Gate to Good Health*. It is given in three episodes—the *Abode of Ignorance*, the *Road to Knowledge*, and the *Entrance to Health*. By faithfully performing the health chores, the children, lost in the *Abode of Ignorance*, find their way through the *Road to Knowledge* to the *Entrance of Health*, and recover the keys to the *City Gate*. The keys are so constructed that when placed in the gate they form the double-barred cross, which makes a spectacular and fitting end to the play.

How They Do It

The Crusade in Iowa is getting widespread publicity through the regular press service of the Iowa Tuberculosis Association, which sends material prepared in news form to all the newspapers in the state. Recently over 200 clippings of one Crusade news item were received at the office of the State Association. Frequently newspapers outside of the state copy Crusade items appearing in Iowa papers. It is interesting to note the variety of "reactions" experienced by the various newspapers as indicated by their own headlines. "Officials make life tough for all small boys"; "Schools to add health courses"; "Health habits will be taught in all schools"; "Black marks for unwashed necks"; "Must keep clean from now on"; "Health habits not study only," are a few of those bestowed upon the same news article.

In the schools of Butler County, Ia., the superintendents are indicating their belief in publicity plus competition for the Crusade, for they are holding an inter-town contest, with awards to the school making the highest score. School credit is also given for weight records and health-habit records for each week.

In Richmond, Va., the support of the school board for the Crusade was won by first presenting the subject to each member of the board individually so that when the proposition was brought up before them as a board it was accepted unanimously. With the school board in favor of the Crusade, it was an easy matter to arrange for a meeting with the school principals, to present the matter to them. By asking for volunteers from this group the hearty co-operation of all of them was secured.

In New Jersey, the state tuberculosis league has been revising their Crusade song book, "The Minstrel." In order to be sure that words and music agree with each other, the league enlisted the services of supervisors of music in several of the New Jersey public schools. The result is eminently satisfactory. Copies of "The Minstrel" may be obtained at cost through the National Tuberculosis Association.

In one of the counties of South Dakota, where the Modern Health Crusade has been conducted over a period of more than three years, recent examinations of these health crusaders have been made. A comparison of these examinations with examinations made prior to the introduction of the Crusade shows that nearly half of the physical defects of the children have disappeared. Only a small number of defects were corrected by surgical operations, which, as the *South Dakota Bulletin* says, plainly indicates that the mode of life for Crusaders leads to better health. Inasmuch as malnutrition is so frequently caused by physical defects, such as diseased tonsils and adenoids, the value of the Crusade in correcting malnutrition is also demonstrated in this news from South Dakota.

Inquiries regarding the Crusade have been coming in to the office of the National Tuberculosis Association so constantly and in such large numbers that it has been found necessary to use a form letter for answering them and for referring them to the state associations promptly. Not only every state in the Union is represented in these inquiries, but Canada, the Hawaiian Islands, Europe, South America and the Far East are also sending in requests for information about the Health Crusade. In Mexico, the Departamento de Salubridad Publica has had the *Keep Well Guide Chart* printed in Spanish. The American edition on sale at the headquarters of the National Tuberculosis Association has been completely exhausted, and local organizations wanting copies of the chart are urged to send in their orders as promptly as possible to the state associations, so that a supply sufficient to meet the demand may be printed forthwith.

Films for Crusade Nutrition Work

The free use of motion-picture films, lantern slides and graphic exhibits is offered to the tuberculosis associations by the Elizabeth McCormick Memorial Fund. This cooperative service includes nutrition, open-air schools and infant care. Lectures to accompany the slides are available for these subjects, except infant care. There are two films on open-air schools. The only charge is for transportation of material. Health workers wishing to secure bookings should address Mrs. Ira Couch Wood, Director, 848 North Dearborn Street, Chicago.

The McCormick Memorial Fund is one of the cooperating national agencies in the new branch of the Crusade, specialized nutrition work, announced in the November BULLETIN. For localities where a physician trained in nutrition work is lacking it is proposed to conduct correspondence "centrals," to which reports of local physicians examining children may be mailed, with the children's two-day diet lists. At these centrals experts in nutrition are to write suggestions for the correction of diet and daily program for the individual child.

Following the usage of Dr. Wm. R. P. Emerson, it is planned to direct no more change than is clearly essential in the child's accustomed home diet. Rigid dietary teaching, involving points on which leading investigators are in dispute, is not contemplated in the new Crusade literature on nutrition. The Nutrition Clinics for Delicate Children, of which Dr. Emerson is president, and the McCormick Fund are both interested in the establishment of centrals for several regions of the country until physicians in all localities are trained in nutrition.

Malnutrition and Tuberculosis

The following statement by Dr. Henry D. Chadwick, Superintendent of the State Tuberculosis Sanatorium at Westfield, Mass., is taken from his article in the October number of the *American Review of Tuberculosis*:

"The evidence I have submitted only goes to confirm the belief held by many



WATER, AIR, AND KNIGHT BANNERET IN "THE HEALTH CHAMPIONS," THE PLAY PRESENTED BY PUPILS OF THE PRINCE SCHOOL, BOSTON, BEFORE THE ANNUAL CONFERENCE OF THE MASSACHUSETTS TUBERCULOSIS LEAGUE.

observers that anti-tuberculosis activities should be directed more and more toward child welfare. To cover such a vast field and get thousands of tuberculous and potentially tuberculous children under supervision we should strongly advocate the adoption in every city and town of a method of group instruction and individual treatment along the lines developed by Professor Emerson in his nutrition clinics for delicate children. This can best be done in connection with the schools, as the children are there brought under official control for nine months of each year. We are neglecting our opportunities if we fail to do extensive preventive work with these children when they are in the earliest stage of disease and at a period in their lives when they will respond most quickly to rational changes in diet and habits of living. We must improve the physique and build up strong, disease-resisting bodies during childhood. Then the cases

of tuberculosis, that shoulde away during adolescence only to break forth later on and decimate the ranks of young manhood and womanhood, will become fewer and fewer, and as a cause of death in the next generation this disease will become a much less important factor."

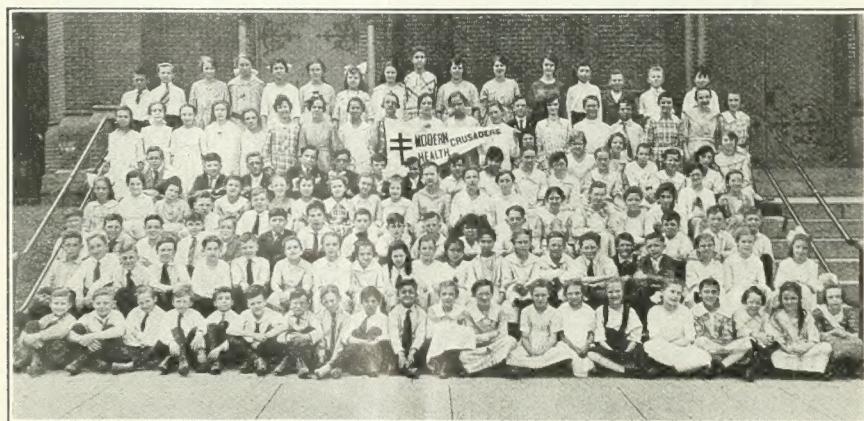
The Crusade in Parochial Schools

The Catholic clergy in various sections of the country have expressed approval of the Health Crusade. The St. Louis Tuberculosis Society has recently received two letters expressing unreserved endorsement of the work. One from Father James P. Murray, the superintendent of Catholic schools in that city, reads as follows:

"After careful inquiry into the aims, purposes and methods of your organization (the Modern Health Crusade), I do not hesitate to state that it is calculated to arouse and sustain the interest of the child in the performance of duties which, under ordinary conditions, most children find disagreeable and irksome. The graded method is well adapted to children of all ages and is undoubtedly one of the most appealing features of the system. I heartily endorse the campaign of the 'Modern Health Crusade,' and shall be delighted to learn of your success in its introduction in our parish schools."

The Archbishop of St. Louis, John J. Glennon, has also expressed his views on the subject in a letter to the Society. He writes: "The next best thing to a discovery of a certain cure for tuberculosis is to prevent people from contracting it. If you could get all the people interested in your health crusade, I believe that you would largely succeed in preventing or arresting, at least, the progress of the scourge. Consequently, I approve and commend your work."

From Massachusetts comes the word
(Continued on page 12)



VICTORIOUS HEALTH CRUSADERS OF ST. BONIFACE SCHOOL, ROCHESTER, N. Y., WHO WON FIRST PLACE IN THE FIFTEEN-WEEK CONTEST HELD LAST SPRING BY THE ROCHESTER TUBERCULOSIS ASSOCIATION.

Salvaging the Labor Power of the Tuberculous

By Edward Hochhauser

Director of the Altro Mfg. Co.

The Committee for the Care of the Jewish Tuberculous was organized in 1912 by three agencies working in the tuberculosis field for years in New York, namely, the Montefiore Home interested in institutional care, the United Hebrew Charities, interested in the relief problem, and the Free Synagogue interested in tuberculosis work at that time at Bellevue Hospital. Following a survey made by these three organizations, it was discovered that 45 to 50 per cent. of the improved or arrested tuberculosis cases treated at sanatoria were worse or died within a period of six months to one and one-half years after their discharge. They therefore started first a system of after-sanatorium care in order to learn by what methods relapses could be decreased or prohibited. We began with the usual methods, such as medical care, including dental care of the patient and his family, and social care, including relief. But with most of the patients this attempt failed, somehow, to touch the problem at its root. For example, former patients found to be physically able to work a few hours a day would either go to work at their old jobs and break down, or they could not work at all, which would pauperize them. Those placed in the so-called light outdoor jobs found the pay light. This meant an inadequate income, with no promise of ever earning any more at that job. Such, for instance, is the disadvantage of most outdoor jobs. While they may be jobs for the handicapped the wage assures the continuance of the handicap.

We therefore decided to secure part-time jobs for our people with employers who were interested in the problem. Many of our former patients had been employed in the clothing industry, so we selected factories located in well-lighted lofts for our experiment. We offered to give the employer ten or fifteen dollars a week, as a wage supplement, so that a patient could receive as much as his neighbor, a normal, full-time worker. It was not practical. During the busy seasons the manufacturer could not afford to have a man working but three or four hours a day occupying a machine that must turn out the maximum work. In the slack season the manufacturer felt that he owed every job he had to his old employees. In some instances the employees in the plants were afraid of tuberculous infection, and the employer was not interested. What most of the tuberculous require is industrial convalescence, an opportunity to earn wages, working hours adapted to the patients' changing physical condition over a period of years.

We therefore decided to open a factory of our own, where the doctor would be the "boss," so far as hours, type or quantity of work are concerned. And we organized the Altro Manufacturing Company. The business is

organized as a separate corporation, because we believe that it is absolutely essential that the atmosphere shall be that of a normal well-conducted workshop and that it shall not be classed as a tuberculosis experiment or undertaking. It enables us to do business with a minimum of difficulty, the industries in the neighborhood of the factory will not be curious or antagonistic, and it helps to preserve the self-respect of the patient.

Where Should the Factory for the Tuberculous Be Located?

We believed that the location of a factory such as the Altro plant should be near the residential district, that is, within a five or ten-minute car ride from the kind of home from which the workers in the plant would be drawn. Then, too, we felt it important to place the building in such relation to the workers' homes that the employees, when going to work, would be riding against the morning and evening rush. In New York City, for example, the rush is from the uptown districts toward the downtown districts in the morning, and from the downtown sections toward the uptown in the evening. We accordingly placed our factory in the uptown district of the Bronx so that our patients who could not be located near the factory can travel in the opposite direction to the crowds and have seats in the cars. In Brooklyn borough, the factory is located so that the workers may ride away from the crowds rushing to and from lower New York.

The Hours of Work

We selected the needle trade for the reason that about fifty per cent. of our people had previously been engaged in some type of hand or machine sewing. We purposely selected an occupation in which the apprenticeship period was short, at which the patient would soon begin to earn wages and when proficient and physically able be able to earn a living wage.

We started our experiment first with negative sputum patients; during the last three years we have taken positive sputum cases, and in all stages of the disease. All the work that is done is performed under the strict supervision of the physician. Rules regarding exercises, hours of work at the factory, are strictly observed. Experience has shown that it is possible to get splendid results with positive sputum cases, although it takes about three years before such patients are able to work a full day. On the other hand, it takes a negative sputum case, that is, the average person among our workers, about two years before he can work a full day and become entirely self-supporting. Many of our patients who enter the factory do not remain more than a couple of

days. Some listen to the advice of friends and relatives and decide that work in a factory is injurious to their health and that they must go back to an outdoor job. Many others leave because we have but one kind of work to offer them, and not everyone is temperamentally suited to do the work we can offer. We planned a factory building where we could have three different types of work, namely, skilled, semi-skilled and unskilled occupations. This would have included such occupations as wood-working, cobbling, and so on. Because of the present business depression, however, we were obliged to abandon this plan.

Method of Getting Patients

Patients come to us through various sources. They are referred to us by previous employers, relatives, sanatoria, clinics, social-service agencies, etc. The plant physician examines every one who goes to work, at regular intervals, and at each examination the hours of work are ordered and the patient is told when he should come in again for the next examination.

Finances

In running a factory of this kind, one must estimate at the outstart that there will be a deficit. The deficit of the Altro Manufacturing Company is made up in contributions, although at times the business has been self-supporting. At present we are doing part manufacturing and part contract work, the contract work consisting of supplying the labor necessary to complete garments that have already been cut. This type of work never pays well. Half of the plant is at work on hospital garments which we sell, but if the plant could be kept busy on this manufacturing work it would be self-supporting. The deficit is high because our output is about one-third or one-quarter that of our competitors. We pay the worker at least the equivalent of the piece rate, that is, the union wage for piece work; otherwise we would be subjected to severe criticism not only by the union but by the general public as well.

All our products are sold at the regular market prices, but we give a little better workmanship and perhaps better material than the average manufacturer. From our experience we know that if we have enough manufacturing for fifty patients we can pay all expenses and break even. But the labor that is put on our products must be as good as the best.

Labor Problems

Officially, the Altro Manufacturing Company takes no part in either lockouts or strikes. We do not work for a manufacturer if there is a strike in his establishment, nor will we work if there

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Organized Labor Solves the Tuberculosis Problem

By Dr. George M. Price

Director Joint Board of Sanitary Control, and the Union Health Center

There are, roughly estimating, forty-one thousand persons in this country who are engaged in gainful occupations. One per cent. of this number may be termed as "pre-tuberculous" and incipient tuberculosis cases, one-half of one per cent. moderately advanced cases, and another half of one per cent. hospital or advanced cases. One per cent. more are arrested cases actively engaged in industry. The problem of tuberculosis, therefore, is important from the point of view of the wage-earner. Further, its solution cannot be accomplished by any one mode of attack without first recognizing as separate units each of these groups. Hospitalization takes care of the comparatively small number of far advanced and moderately advanced cases, but it does not take care of those two large groups which might be termed the "end" groups, that is, the "pre-tuberculous" and incipient cases who are unrecognized, and the arrested cases who have gone back to new or former occupations in order to earn a living.

Worker's Health Certificate

To help solve the problem of the first "end" group, the "pre-tuberculous" and incipient cases, the simplest and thus far the most effective method introduced is the extension of the plan which has already been accepted for working children between the ages of 14 and 16—namely, the requirement of a health certificate. It is quite possible to introduce this system for adults without antagonizing the worker or making it difficult for him to gain employment. Under ideal conditions, no employer should be able to hire a person who has not a certificate of health—a rule that has already been made compulsory in the baking and restaurant trades—and such a certificate should be issued either by the state or a social body. Incidentally, this is one of the best ways of discovering the number of "pre-tuberculous" and incipient cases.

The aid that has been given sanatorium and hospital cases has so far been simply private, or county and state hospitalization. These institutions are still insufficient in number, and the remedy is inadequate, because it is considered a charity form of organization which does not appeal to the self-respecting worker, and which, therefore, misses a large number of cases who cannot afford to go to private institutions and who do not wish to become charity patients.

The other "end" group are the arrested or fibroid cases, and only a small beginning toward the care of these cases has been made in the establishment of the Altro and Recco plants in New York. The organizers of these establishments are the first to recognize the need for industrial establishments for the treatment of post-tuberculous cases. The same idea ought to be extended into the industrial shops, and industrial colonies

should be formed where people with active tuberculosis can earn a living wage and where they can remain under careful medical supervision for a year or two.

Neither the state nor private aid can be expected to solve the huge problem of supplying these people with the variety of occupations in which they must necessarily be engaged. There are, however, two ways of solving the problem of earning a living. First, by health insurance, which compels the industry to bear part of the burden; and second, by the use of the health certificate. But, pending the introduction of industrial health insurance, and in addition to the medical service furnished by the employer, the health certificate will automatically guarantee periodical medical examinations and be a record of health which the worker can take with him from job to job in exactly the same manner as he would his passport.

Industrial Preventoria

Industry should also bear the burden of certain cooperative industrial institutions; that is, preventoria and industrial colonies. Such institutions are needed in order to care for a large number of persons who cannot be designated as definitely tuberculous, but of whom it may be said with reasonable safety that they will become tuberculous within a short time. At present, however, these are not being provided for, except in a few isolated day and night camps. Such cases are among the most useful members of the community, and a few months' care will save them from becoming a burden. It is to the distinct advantage of workers' organizations to take up this problem, for it pays them to have healthy, dues-paying members instead of sick members who are costly to them. Their cooperation can also be extended to post-tuberculous cases in the industrial colonies, and if industry as well as labor bear the burden, there remains no reason why the state should take the initiative.

Union's Requirements for Health

A few years ago the International Ladies' Garment Workers' Union passed a resolution to build a sanatorium, but we later came to believe that our problem is not so much to create new sanatoria for those already tuberculous as it is to care for the pre and post tuberculous. We therefore installed the system of the worker's health certificate, and to-day the union demands that every person have such a certificate before he can become a member. The results of this system have been that members who are below par physically and who are tuberculous are weeded out, and the tuberculous cases are placed under medical care, some in boarding-houses, some in sanatoria, some at home, and so on. Our health certificate, however, covers not

only tuberculosis, but other infectious diseases as well.

We are also planning a system of health examination and medical treatment for the workers themselves and their families whenever they need it, but this has not yet been fully developed.

Industrial workers have in the past always resented the periodical physical examination which is demanded of them by employers, because it is so often used as a means of discriminating against them. So far as I know, however, they have never resented any attempts made by their own organization to introduce the same plan. This is evidenced by the fact that the Union Health Center has made 57,000 examinations within the past ten years. The problem of medical examination and care of the worker can best be handled by giving the worker the facilities for doing this and allowing him to keep them under his own management. This we have tried to do in

The Union Health Center

The institution known as the Union Health Center supplies medical and dental service for the members of the International Ladies' Garment Workers' Union. Its medical clinics consist of a dental department, nose, throat and ear, and eye clinics, heart and lung clinics, digestion and gastro-intestinal clinic, surgical clinic, foot, skin and nerve clinic. Small leaflets calling the attention of the worker to the necessity of caring for these ailments, and giving the names of attending physicians and clinic hours, are distributed to union members who apply at the Health Center for examination. As many of the members of the International Ladies' Garment Workers' Union are foreign born, special pamphlets printed in Yiddish and Italian are provided for those not familiar with the English language.

The members are charged for medical and dental service at the rate which the union pays its medical attendants per hour, plus the pro rata cost of operating the Union Health Center. Thus, a patient receiving dental treatment by the high-grade specialist engaged by the Health Center pays no more for this type of work than he does for the cheap gold and bridge work which would be all he could afford if he were to consult a neighborhood dentist as a private patient.

Special lectures dealing with health matters, and accompanied by lantern slides and motion pictures, are held weekly at the clinic and are very well attended. The Health Center takes advantage of every opportunity that presents itself to urge working men and women to attend the clinics. During the present garment strike, for example, posters were distributed in the various union locals inviting the strikers to visit the Health Center while they were out of employment. Educational films such

During the Strike

Now is the time for you
to visit your own

Union Health Center

131 East 17th Street.

The Medical and Dental
Departments are open
for inspection and use.

Competent Physicians and specialist
Dentists for the members of the
International Ladies Garment Work-
ers' Union Only.

Harry Wander, *Chairman*

FACSIMILE OF A POSTER DISTRIBUTED BY THE INTERNATIONAL LADIES'
GARMENT WORKERS' UNION DURING THE RECENT STRIKE.

as "Jinks" were also exhibited at the various strike centers.

The work accomplished during the past eleven years has had so marked an effect on the health of the members of the union that thirty large garment manufacturing establishments have asked the Union Health Center to give all their incoming people a medical examination. No one in the union has objected to this, because the records are kept absolutely confidential. As an example of how such medical examinations can be beneficial both to the worker and the employer, the following incident may be cited. A foreman was reported by several union members as a suspicious case because he coughed and spit in the shop. Upon examination, however, the man was found to be non-tuberculous. He was, therefore, able to retain his position, and it is quite possible that the complaint was intended only as an excuse to get rid of an employee who for some reason or other had made himself unpopular with his fellow-workers or the employer.

Our work will undoubtedly broaden its sphere in the future and become more and more effective. As it is, the Union Health Center is the only endeavor on the part of workers to take care of their own health and prevent disease.

Boston Holds Health Institute

At the recent Health Institute of the Boston Tuberculosis Association more than 400 of the general practitioners of

Boston and Greater Boston met for two days to discuss the latest developments in the tuberculosis field. Some of the lectures given were of popular interest, while others were addressed especially to the technician. Of special interest was the lecture given by Dr. James Alexander Miller, president of the National Tuberculosis Association.

In discussing the varied departments of health administration, Dr. Miller stated that among the factors which the individual physician cannot control are the enforcement of regulations, the housing problem and the distribution of population. While these belong to the public authorities, physicians must, however, cooperate with public health departments. For example, there is the absolute necessity for the doctors to notify the authorities of cases of communicable disease. The function, so often neglected by the physician, of helping to form public opinion should also be a duty of the practitioner. There is great value in knowing something of the home conditions of the patients. Statistics of New York City, for example, show that in only about one-fourth of the tuberculosis cases has the physician any real information concerning the patient's home condition. Occupation and home recreation are important, and in the same group with these are conditions in shop or factory. It is true that in the industries the manufacturers are acting by themselves, but this is largely true because the physicians have failed to take the initiative.

Dental and General X'rays
Blood and Urine
Laboratories

General Medical &
Dental Treatment

Specialists on
Eye, Nose, Throat, Ear,
Skin, Feet, Heart, Lung,
Women's Diseases, Surgery etc.

A Cooperative
Self-Paying Clinic
for Workers by Workers

Dr. George M. Price, *Director.*

Dr. Miller discussed child health, nutrition and the value of open-air schools. He especially called the attention of the audience to the fact that, although pupils were purposely selected for them from among the backward children, these children have been able to keep up despite their handicap with the full-time scholars in the full-time classes in the regular schools. The same is true, in part, of the open-window rooms.

In discussing present conditions, Dr. Miller expressed the opinion that the social groups have acted because the medical profession has held back. Physicians in their individual practices have very interesting occupations, and they dislike to come out into public work. Medical men, however, ought to be leaders in tuberculosis work.

"Humpty Dumpty" Returns

(Continued from page 4)

made a very favorable impression in Kansas and was very helpful to the Modern Health Crusade work. I did not see his act personally, but Miss Terrell went to Emporia and spent a day with the special purpose of seeing how things went. She was well pleased, and compares "Humpty Dumpty" with "Cho Cho," to the very great advantage of our own man.

"DR. CHARLES H. LERRIGO,
"Kansas State Tuberculosis Ass'n,
"Topeka, Kansas."

Occupation Research for the Tuberculous

(Continued from page 2)

tional Tuberculosis Association has very complete records of 365 cases. These data are available to the National Tuberculosis Association.

Guidance and Placement

As part of the study, an effort will also be made to furnish vocational guidance and placement to a limited number of tuberculous persons. Such guidance will necessarily involve a study of the person's family, social, occupational and clinical history, as well as a study of the occupation in which he is placed and his subsequent success, both in the occupation and in recovery.

Cooperative Work

An advisory committee representing many of the interests involved has been appointed and their active assistance assured. Cooperation is assured from the Harvard Medical School Department of Industrial Hygiene, the Yale University School of Medicine, and a number of industrial physicians and service directors. Efforts will also be made to collect occupational information through qualified people outside the staff, e. g., rehabilitation agents.

Scope of the Work

The first step in the work will be in library research and factory surveys. Such a body as the National Industrial Conference Board represents an employing power of 500,000 workers under medical supervision. The physicians in these industries have formed the Conference Board of Physicians in Industry, and the experience of such men should be of great value to all employers and employees and should be made available for use in the study.

The membership of the committee is as follows: Dr. E. R. Baldwin, director, Trudeau Foundation, Saranac Lake, N. Y.; Col. Lewis T. Bryant, Commissioner of Labor, Trenton, N. J.; Mr. L. H. Carris, Federal Board for Vocational Education, 200 Jersey Avenue, Washington, D. C.; Mr. Henry S. Dennison, Dennison Manufacturing Company, Framingham, Mass.; Dr. Louis I. Dublin, statistician, Metropolitan Life Insurance Company, 1 Madison Avenue, New York; Mr. Fred G. Elton, Bureau of Rehabilitation, 118 East Twenty-eighth Street, New York; Mr. Hugh Frayne, American Federation of Labor and a director of National Tuberculosis Association, 1416 Broadway, New York; Dr. Alice Hamilton, assistant professor of industrial medicine, Harvard University, Cambridge, Mass.; Dr. Louis I. Harris, Department of Communicable Diseases, New York City Board of Health, 505 Pearl Street, New York; Dr. Frank Harrison, chief medical advisor, Division of Industrial Rehabilitation, Federal Board for Vocational Education, 200 Jersey Avenue, Washington, D. C.; Dr. Charles J. Hatfield, managing director, National Tuberculosis Association, 370 Seventh Avenue, New York; Dr.

James Alexander Miller, president, National Tuberculosis Association, 379 Park Avenue, New York; Mr. James P. Munroe, Munroe Felt and Paper Company, 79 Summer Street, Boston, Mass.; Mr. W. A. O'Leary, director of vocational education, State Department of Education, Trenton, N. J.; Dr. George M. Price, medical director, Joint Board of Sanitary Control, Suit and Garment Industry, 131 East Seventeenth Street, New York; Mr. Frederick M. Stein, director, National Tuberculosis Association, 50 East Forty-first Street, New York; Dr. John W. Turner, Veterans' Bureau, Arlington Building, Washington, D. C.; Mr. L. A. Wilson, state director of vocational education, State Department of Education, Albany, N. Y.; Dr. C. E. A. Winslow, professor of public health, Yale University, New Haven, Conn.

As a result of the work so far done, preliminary draft of a "Problems of the Tuberculous in Employment" has been submitted to the advisory committee. This manual is a guide for state rehabilitation agents and other vocational advisers.

Salvaging the Labor Power of the Tuberculous

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is a lock-out. This attitude puts us into a neutral position and places us neither on the side of the union nor on the side of the manufacturer.

The earnings at the work that we are doing varies from practically nothing for the man who is learning, to approximately \$45.00 per week. Through a scheme of minimum wage allowance the committee sees to it that a man has enough to live on. Our problem is to make a man or woman feel that it pays to work, and that he can make more money while he is working than while he is not. This is one of the most difficult problems with which we are confronted.

Results

We have found that relapses were reduced from the 40 to 50 per cent. of a dozen years ago to less than 10 per cent. Among the patients who have stayed with us and who have lived strictly according to doctor's instructions, relapses are so small that the results are almost unbelievable.

Educating Labor in Health

(Continued from page 3)

at 5 o'clock and leave the class-room, whether the lecture was at an end or not, and such had been the experience in the normal classes. When, however, the health lectures were given, and particularly when the lantern slides were shown, the men were kept forty minutes past the hour of dismissal, though that only left a margin of twenty minutes out of an hour allowed for refreshments and recreation. The value of the work was further illustrated by the fact that every one of the three

suggestions on concrete work to follow the lectures was accepted and acted upon. These three suggestions were as follows:

First—that health work and monthly lectures upon health and industry should be incorporated in the curriculum of the school.

Second—that physical examinations and the evidence of fitness be required as one of the conditions for admission to the school, and that yearly physical examinations be constituted one of the routines of the school work.

Third—an expression of interest and appreciation of the work carried on by the New York Tuberculosis Association was established through the fact that the men volunteered to assist in the Christmas seals campaign and offered to canvass the shops of the industry.

This experience was, therefore, really very successful, and no doubt a good deal of the success is due to the interest shown, and the intelligent cooperation given, by the dean and the director. Yet, in a general way, this experience does show concretely what can be expected from labor groups, once they are interested in industrial anti-tuberculosis work.

The Crusade in Parochial Schools

(Continued from page 8)

that a number of parochial schools in that state have enrolled in the Crusade, the Boston schools particularly showing unusual interest in the work. In Detroit, Mich., reports show that the parochial schools there are doing excellent work in the Crusade.

In Rochester, N. Y., the Crusade has been very successfully carried on in the parochial schools by the Rochester Tuberculosis Association. Principals and teachers have been unanimous in praise of the system. One principal said that she felt the work had been a stimulation to the entire school and that the pupils had improved mentally as well as physically. She attributed the fact that there was a larger graduating class than usual from her school last June to the beneficial effects of the Crusade.

N. H. C. to Issue Health Bulletins

The National Health Council is planning to issue bulletins on state health legislation during 1922, when eleven state legislatures will be in session. The states are Georgia, Kentucky, Louisiana, Maryland, Massachusetts, Mississippi, New Jersey, New York, Rhode Island, South Carolina and Virginia.

The bulletin will be issued without charge, primarily by the United States Public Health Service, but with the co-operation of the National Health Council. Both organizations will also have the co-operation of the Interdepartmental Social Hygiene Board, the United States Children's Bureau and various voluntary organizations such as state tuberculosis associations, mental hygiene societies, county medical societies, and state health officers.

